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AUTHOR Starr, Philip; Pearman, William A.
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ABSTRACT

Although self-concept has been linked with many behavioral variables, most studies do not deal with dependent variables which would provide an understanding of such clinically relevant behaviors as sociability, aggression, activity level, somatization, inhibition, and sleep disturbance. The relationship between self-esteem and clinically relevant behavior was examined for ten-year-old children (N=70), who were divided into high (N=34) and low (N=36) self-esteem groups and were administered measures of behavior and self-esteem. Subjects with low self-esteem were more physically and verbally aggressive, had more bodily complaints, had higher activity levels, and were more inhibited than a comparison group with high self-esteem. The two groups did not differ on the dimensions of sociability or sleep disturbance. The findings suggest that self-esteem can be used to identify individuals who could benefit from counseling services for behaviors symptomatic of emotional problems. (Author/NRB)

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SELF-ESTEEM AND DIMENSIONS OF CLINICALLY RELEVANT BEHAVIOR AMONG TEN YEAR OLDS

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Philip Starr, A.C.S.W.

Chief of Social Research

Lancaster Cleft Palate Clinic

24 North Lime Street

Lancaster, Pennsylvania 17602

and

William A. Pearman, Ph.D.

Dean, Social Sciences

Millersville State College

Millersville, Pennsylvania 17551

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SELF-ESTEEM AND DIMENSIONS OF CLINICALLY RELEVANT BEHAVIOR AMONG TEN YEAR OLDS

SUMMARY

This study examines the relationship between self-esteem and dimensions of clinically relevant behavior among ten year olds. Subjects with low self-esteem were found to be more physically and verbally aggressive, have more body complaints, have higher activity levels, and to be more inhibited than a comparison group with high self-esteem. The findings indicate that self-esteem can be used to identify individuals who could benefit from counseling services for behavior symptomatic of emotional problems.

A. INTRODUCTION

Psychologists and social scientists have engaged in an abundance of research on the self-concept. This interest in the self-concept is based on the premise that self-perceptions influence perceptions of others. "If one likes and values himself, he tends to assume that

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others perceive him in the same light. If he dislikes and devalues himself, he expects similar reactions from others (Fitts, 1972).

Self-concept has been linked with a number of behavioral variables. For example, high self-concept has been related to internal locus of control(Lamb, 1968). Persons with high self-concept experience less discomfort in interpersonal relationships characterized by imbalance in terms of member's liking of each other (Mable and Rosenfeld, 1966). Students with high self-concepts participate more frequently in classroom discussion (Williams, 1971).

Most studies do not deal with dependent variables which would provide a understanding of clinically relevant behavior. Based on their review of the literature, Sines, Pauker, Sines & Owen (1969) identified the dimensions of sociability, aggression, activity level, somatization, inhibition and sleep disturbance as clinically relevant behavior. Empirical support was provided for this framework when scores on their checklist differentiated between children in treatment for emotional problems and a comparable group who were not in treatment.

This study seeks to overcome this shortcoming by examining the relationship between self-esteem and clinically relevant behavior for ten year old children. This age group was selected for a number of reasons. First, ten seems to be an age when most children have reached some sort of middle childhood accomodation to their environment. They are past the trauma of initial separation from family for school purposes, and they have not yet entered the early adolescent years that many researchers have identified as turbulent (Simmons, Rosenberg and Rosenberg, 1973). This age group has not yet been uprooted from elementary school to middle or junior high school. They function in a rather predictable environment in which family and school are major factors. This is also one of the two age periods when school officials most often identify and refer children with emotional problems for help (Shrader and Leventhal, 1968).

B. METHOD

1. Sample

The sample consisted of 70 ten year olds. They were selected from two different populations. The first group (N=32) were patients who are seen on an annual

basis by the Lancaster Cleft Palate Clinic. All ten year old patients of the Clinic were invited to participate. The second group (N=38) were selected from two elementary schools in the Lancaster, Pennsylvania School District. Permission was granted by the district to administer a questionnaire in one classroom of each of the two elementary schools. Ten year olds were selected from these classrooms and permission was secured from their parents for participation in the study.

The two groups, the clinic patients and the regular public school children had been matched on the variables of sex and family socio-economic status. Because there were no differences between these two groups in terms of self-esteem scores (t=0.62), the two groups were combined to assess what differences, existed, if any, when high self-esteem children were compared with low self-esteem group. This report is, therefore, a follow-up to our initial analysis of what impact does cleft lip and/or palate have on children's self-esteem and behavior.

2. Procedures

The 70 ten year olds in this study were divided into two groups; a high self-esteem group (N=34) and a low self-esteem group (N=36). The measure of self-

esteem is the same as the measure of global self-esteem presented in detail by Simmons, Rosenberg and Rosenberg (1973). It consisted of a six item Guttman scale concerning the child's overaching feelings about himself. An example of items on this scale is "Everybody has some things about him which are bad. Are most of the things about you good, bad, or are both the same?"

Behavior was measured by the Missouri Children's Behavior Checklist as described by Sines, Pauker, Sines and Owen (1969). This self-administered scale measures six relatively independent dimensions of behavior. The scale's six dimensions of behavior measured in the current study are: aggression, inhibition, activity level, sleep disturbance, somatization and sociability.

C. RESULTS AND DISCUSSION

The two self-esteem groups did not differ in terms of socio-economic status or sexual composition. Table I presents a comparison of the two groups, high and low self-esteem, on the six behavioral variables. In all cases, t tests were used to measure differences in mean scores.

In Table I the greatest difference between the two groups is on the dimension of physical and verbal aggress-

ive and differs significantly from the higher self-esteem group at the .01 level. The lower self-esteem group also expresses more body complaints than the higher self-esteem group. This difference is significant at the .02 level. The lower self-esteem group also exhibits a significantly higher activity level (.02). A final difference is noted on the inhibition scale. Here the lower self-esteem group differs from the higher group at the .05 level. The two groups did not differ on the dimensions of sociability or sleep disturbance.

From the clinical point of view, the present research allows us to identify individuals who are in need of counseling services for behavior symptomatic of emotional problems. The children in the low self-esteem group had similar behavior scores as the children going for treatment for emotional problems used in the Sine et al study (1969).

The research does not attempt to attribute causality between self-esteem and the dimensions of clinically relevant behavior. Therefore, we still do not know whether it is theraupeutically more efficient to Focus on an individual's self-esteem or behavior. This is an area for future research.

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TABLE I

BEHAVIORAL SCORES OF TEN YEAR OLDS ACCORDING TO LEVEL OF SELF-ESTEEM

Behavioral Dimension	High Self-Esteem N=34		Low Self-Esteem N=36	
	$\bar{X}$	σ	$\bar{X}$	σ
Sociability	7.82	1.54	7.94	1.45
Somatization	3.18	1.01	4.33	1.80**
Aggression	6.32	4.02	9.11	4.28*
Sleep Disturbance	3.32	1.76	3.80	1.66
Activity Level	4.91	1.94	6.00	1.70**
Inhibition	5.97	2.58	7.39	2.65***

* significant at the .01 level

** significant at the .02 level

*** significant at the .05 level